
Venice Chronic Homeless Intervention Project (VCHIP)
Vulnerability Index Fact Sheet
St. Joseph Center
July 2, 2009

Since 1976, St. Joseph Center has worked to improve the lives of working poor families and homeless individuals through hope, empowerment, and self-sufficiency. Last year 6,000 people benefited from services that helped them move toward greater stability and self-sufficiency. More than 2,500 low-income housed men, women, and children accessed the Center's food pantry; approximately 1,000 low-income and homeless families, individuals and seniors benefitted from intensive case management; 2,100 homeless individuals ate hot meals served café-style; 304 mentally ill individuals and veterans received financial counseling and representative payee services; and 85 children received enriched, all-day care. This year, St. Joseph Center and the County of Los Angeles through Supervisor Yaroslavsky's office, have partnered with Common Ground New York to implement the Vulnerability Index in Venice. Through this collaboration, St. Joseph Center has collected health and housing data about specific individuals living on the streets which will allow us to take immediate action on behalf of the most vulnerable people in our community and place them into housing.

The Vulnerability Index is a tool for identifying and prioritizing the street homeless population for housing according to the fragility of their health. It is a practical application of research into the causes of death of homeless individuals conducted by Boston's Healthcare for the Homeless organization, led by Dr. Jim O'Connell. The Boston research identified specific health conditions that cause homeless individuals to be most at risk for dying on the street. The Vulnerability Index is administered in survey form, which captures a homeless individual's health and social status. It identifies the most vulnerable through a ranking system which takes into account risk factors and the duration of homelessness. This ranking allows those with the most severe health risks to be identified and prioritized for housing and other support.

From the early successes of its Street to Home program, Common Ground New York has consistently observed that putting names and faces – and now medical conditions – to formerly anonymous street homeless individuals inspires action. The creation and use of the Vulnerability Index in New York City, Los Angeles County's Skid Row, Santa Monica, New Orleans, Washington, DC, Portland, Nashville, Calgary, Fort Worth, and most recently in West Hollywood, has proven a powerful force for change, and has resulted in the commitment of millions of dollars in housing resources and the expedited housing placement of over 1000 medically-fragile individuals who might have otherwise died on the streets.

Using the Vulnerability Index, St. Joseph Center will now have health and housing data on the individuals living on the streets and in the Venice community. This data will allow for immediate action on behalf of the most vulnerable people who are living on our streets, as well as identifying and implementing system improvements.

Vulnerability Index – Process

During the week of May 18th, St. Joseph Center staff worked in collaboration with Common Ground New York and over 35 volunteers from 12 different organizations to create a by-name list of all those sleeping on the streets and beach in the Venice Community. In addition to systematically gathering the names, pictures, and demographic data of individuals the teams also captured information on their health status, institutional history (jail, prison, foster care, hospital, and military), length of homelessness, healthcare and income source. St. Joseph Center, with the help of Common Ground New York, will then use information from the Vulnerability Index surveys to identify individuals who are the most vulnerable in our community.

On Monday, May 18th, more than 35 people attended a surveying training session led by St. Joseph Center staff previously trained by Common Ground New York. That same night and for the following two consecutive nights, 10 teams of three or more volunteer surveyors methodically canvassed 10 neighborhood tracts in Venice from 3:30 am to 6:00 am and administered a 45 question survey to everyone observed sleeping outside on the streets or on the beach. Each team was led by an experienced outreach worker and/or a Los Angeles Police Department officer. A total of 222 surveys were administered over the three nights. 177 (79%) pictures were taken as part of the survey. 98 (44%) individuals met at least one high-risk criterion from the Vulnerability Index. Each person who agreed to participate signed a confidentiality/release of information form, which included specific authorizations related to photographs.

VENICE FINDINGS

- **222 People Surveyed**
- **44% of All Surveyed Are Medically Vulnerable (98 people)**

Vulnerability Index: At-Risk Indicators

Indicators	# of People in Venice
*Tri-Morbid	75
Over 3X ER or Hospital admits in last year	71
Over 3 ER Visits in last 3 months	66
Age 60 or over	16
HIV +/AIDS	2
Cirrhosis/End Stage Liver Disease	15
End Stage Renal Disease or Dialysis	10
Frostbite/Hypothermia (Exposure Related)	20

* *Tri-Morbid: Co-occurring psychiatric, substance abuse, and chronic medical condition.*

Vulnerability Index: At-Risk Indicators (Con't)

Indicators	Average from all Sites	Venice
Tri-Morbid	22%	34%
3x hospital last year	12%	32%
3x ER last 3 months	8%	30%
> 60 years old	12%	7%
HIV+/AIDS	2%	1%
Liver Disease	9%	7%
Kidney Disease	4%	5%
Frostbite/Cold Weather	8%	9%
% vulnerable	42%	44%

Other Chronic Health Conditions	# of People
Heart Condition	30
Cancer	16
Diabetes	15
Emphysema	7
HEP C	25
Asthma	38
Tuberculosis	11
Serious Head Injury/Brain Disease	49

Age:

- The average age is 48

Age Range	# of People
19 and Under	12
20-29	40
30-39	48
40-49	52
50-59	51
60 or older	16

Years Homeless:

- The average years homeless for all respondents is 5.8 years
- The average years homeless for the vulnerable cohort is 8.8 years
- The longest reported length of homelessness for a single individual is 36 years

Sleep Location:

- 18% of respondents stay on the beach
- 78% of respondents sleep on the streets
- 4% of respondents sleep in a car

Gender:

- 83% of respondents are male
- 17% of respondents are female

Race & Ethnicity:

- *25% of all respondents are African American, 68% are White, and 7% are American Indian/Alaskan Native
- *29% of vulnerable individuals are African American, 60% of vulnerable individuals are White, and 11% of vulnerable individuals are American Indian/Alaskan Native
- Ethnicity: 85% are non-Hispanic and 15% are Hispanic

** includes Hispanic ethnicity*

Citizenship Status:

- 96% of respondents are American Citizens
- 1% of respondents are Legal Residents
- 3% of respondents lack documentation

Veterans:

- 15% (N=34) of the respondents are veterans
- 23% (N=23) of the veterans are vulnerable
- 39% (N=9) of the vulnerable veterans reported receipt of Veterans Administration (VA) benefits

Hospitalizations/Emergency Room Visits:

- 167 ER visits within the past 3 months, out of all surveyed
- \$501,000 is the estimated annual cost of Emergency Room visits of respondents
- 175 inpatient hospitalizations reported in the last year, out of all surveyed
- \$1,300,000 is the minimum estimated cost of inpatient hospitalizations of respondents

Income:

- 45% of the most vulnerable had no documented income other than food stamps
- 20% of panhandlers are vulnerable
- 22% of the most vulnerable reported SSI or SSD income

Health Insurance:

- 57% (N=126) of respondents are uninsured
- 67% (N=66) of respondents in the vulnerable cohort are uninsured

Mental Health/Substance Abuse/Dually Diagnosed Vulnerable:

- 59% (N=58) of respondents reported or were observed to have a mental illness
- 65% (N=64) of respondents reported or were observed to have an addiction issue
- 53% (N=52) of respondents reported or were observed to be dually-diagnosed

History of Jail/Prison:

- 76% (N=170) of people reported having been to jail
- 24% (N=54) of people reported having been to prison

Foster Care History:

- 19% (N=42) individuals reported having been in foster care
- 19% (N=19) vulnerable individuals reported having been in foster care

Special Risk Categories:

- 16 young people meet the mortality risk criteria specific for people under the age of 25
- 15 people meet the risk criteria for death due to exposure (over 45, heart disease and alcohol)

Victim of Violent Attack:

- 87% (N=222) of the people surveyed reported being a victim of a violent attack since becoming homeless
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St. Joseph Center

St. Joseph Center is an independent, non-profit 501(c)(3), community-based organization whose mission is “to provide working poor families, as well as homeless men, women, and children of all ages, with the inner resources and tools to become productive, stable and self-supporting members of the community.” Our 10 integrated programs reach a wide range of underserved populations, including low-income families, infants and toddlers; homeless and chronically homeless individuals; and very low-income and homeless seniors.

Contact Information

For more information about all of St. Joseph Center’s programs: 310.396.6468 ext. 335
www.stjosephctr.org

For a copy of this report: Julie DeRose, Director of Homeless Services
310.396.6468 ext. 333
jderose@stjosephctr.org

Common Ground Institute

Founded in 1990, Common Ground’s mission is to end homelessness through innovative programs that transform people, buildings, and entire communities. Common Ground pioneered the concept of supportive housing – affordable housing with on-site social services – as a solution to homelessness, and today we are one of the largest developers of supportive housing in the United States. As program innovators, we address the needs of individuals and families who are most at risk of becoming homeless, as well as those who are chronically homeless. We bring together service providers, government agencies, landlords, businesses, and members of the community to support homelessness prevention and housing initiatives.

In 2007, Common Ground launched its Common Ground Institute (CGI), a national technical assistance initiative designed to bring innovative methodologies and hands-on field support to communities seeking solutions to homelessness. The Institute’s overarching goal is to end homelessness by collaborating with government leaders, local organizations, and private developers in strategically situated communities. In each city, CGI pursues four objectives in support of this goal: create housing, build knowledge, test and model innovative solutions, and promote effective practices.

Contact Information

For questions about the Vulnerability Index: Becky Kanis, Director of Innovations
917.957.7104
bkanis@commonground.org

For questions about developing housing and managing property:
Lori Girvan, Director, Common Ground Institute
646.413.3875
lgirvan@commonground.org